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PTO/SB/05 (08-03)
Approved for use through 07/31/2006. OMB 0651-0032
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## UTILITY PATENT APPLICATION **TRANSMITTAL**

Attorney Docket No. Andrey Volkov First Inventor Title Express Mail Label No.

(Only for new nonprovisional applications under 37 CFR 1.53(b))

See MPEP o	APPLICATION ELEMENTS chapter 600 concerning utility patent application contents.	ADDRESS TO: Commission P.O. Box 14	atent Application ner for Patents 50 VA 22313-1450		
(Submit 2.	act of the Disclosure	ii. Paper  c. Statements verifying  ACCOMPANYING API  9. Assignment Papers (cove 10. 37 CFR 3.73(b) Statement (when there is an assigne English Translation Docur Information Disclosure Statement (IDS)/PTO-144 Preliminary Amendment 14. Return Receipt Postcard (Should be specifically ite (Should be specifically ite 15. Certified Copy of Priority it (if foreign priority is claime Nonpublication Request u (b)(2)(B)(i). Applicant mus or its equivalent.  Other:	equence Submission  form (CRF)  ce Listing on:  -R (2 copies); or  identity of above copies  PLICATION PARTS  or sheet & document(s))  or the Power of Attorney  ment (if applicable)  Copies of IDS  Citations  (MPEP 503)  mized)  Document(s)  ed)  under 35 U.S.C. 122		
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:					
Continuation  Divisional  Continuation-in-part (CIP)  of prior application No.:  Prior application information:  Examiner  Art Unit:  For CONTINUATION OF DIVISIONAL APPS only; The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference.  The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.					
19. CORRESPONDENCE ADDRESS					
Custom	ner Number:	OR Corresp	oondence address below		
Name	Vladimir Subach				
Address	18 April Lane				
City	Lexington	State MA	Zip Code <sub>02421</sub>		
Country	USA 7	elephone (781) 860 - 9192	Fax (781) 860-9192		
Name (Print/Type) Vadimir Subach Registration No. (Attorney/Agent)					
Signature	Vladrum Surach		Date 0//2//2004		

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FEE TRANSMITTAL Complete if Known				
FEE TRANSMITTAL	Application Number			
ਰ for FY 2004	Filing Date			
	First Named Inventor			
Effective 10/01/2003. Patent fees are subject to annual revision.	Examiner Name			
✓ Applicant claims small entity status. See 37 CFR 1.27	Art Unit			
TOTAL AMOUNT OF PAYMENT (\$) 385	Attorney Docket No.	一丿		
		<b>—</b>		
METHOD OF PAYMENT (check all that apply) FEE CALCULATION (continued)				
✓ Check Credit card Money Order None	3. ADDITIONAL FEES			
Deposit Account:	Large Entity   Small Entity  Fee Fee Fee Fee Fee Fee Fee Fee Fee Fe			
Deposit Account	l a l la l la l la l la la la la la la l	Paid		
Number	1051 130 2051 65 Surcharge - late filing fee or oath			
Deposit Account	1052 50 2052 25 Surcharge - late provisional filing fee or cover sheet	I		
Name The Director is authorized to: (check all that apply)	1053 130 1053 130 Non-English specification	<b>  </b>		
Charge fee(s) indicated below Credit any overpayments	1812 2,520 1812 2,520 For filing a request for ex parte reexamination			
Charge any additional fee(s) or any underpayment of fee(s)	1804 920* 1804 920* Requesting publication of SIR prior to Examiner action	<b>  </b>		
Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.	1805 1,840* 1805 1,840* Requesting publication of SIR after Examiner action			
FEE CALCULATION	1251 110 2251 55 Extension for reply within first month			
1. BASIC FILING FEE	1252 420 2252 210 Extension for reply within second month			
Large Entity Small Entity	1253 950 2253 475 Extension for reply within third month			
Fee Fee Fee Fee Paid Code (\$) Code (\$)	1254 1,480 2254 740 Extension for reply within fourth month			
1001 770 2001 385 Utility filing fee 385	1255 2,010 2255 1,005 Extension for reply within fifth month	<b></b> ∤}		
1002 340 2002 170 Design filing fee	1401 330 2401 165 Notice of Appeal	I		
1003 530 2003 265 Plant filing fee	1402 330 2402 165 Filing a brief in support of an appeal			
1004 770 2004 385 Reissue filing fee	1403 290 2403 145 Request for oral hearing	<b></b> ∤}		
1005 160 2005 80 Provisional filing fee	1451 1,510 1451 1,510 Petition to institute a public use proceeding			
SUBTOTAL (1) (\$) 385	1452 110 2452 55 Petition to revive - unavoidable	— <b>—</b> Ⅱ		
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1453 1,330 2453 665 Petition to revive - unintentional			
Fee from	1501 1,330 2501 665 Utility issue fee (or reissue)			
Extra Claims below Fee Paid  Total Claims $3$ $-20** = 0$ $\times$ $9$ $= 0$	1502 480 2502 240 Design issue fee			
Independent 1 2** - 0 v 43 -0	1503 640 2503 320 Plant issue fee			
Claims U 3 - U 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	1460 130 1460 130 Petitions to the Commissioner			
Large Entity   Small Entity	1807 50 1807 50 Processing fee under 37 CFR 1.17(q)			
Fee Fee Fee <u>Fee Description</u>	1806 180 1806 180 Submission of Information Disclosure Stmt			
Code (\$)	8021 40 8021 40 Recording each patent assignment per property (times number of properties)			
1202 18 2202 9 Claims in excess of 20 1201 86 2201 43 Independent claims in excess of 3	1809 770 2809 385 Filing a submission after final rejection			
1201 66 2201 43 Independent claims in excess of 3	(37 CFR 1.129(a)) 1810 770 2810 385 For each additional invention to be	<b></b> -		
1204 86 2204 43 ** Reissue independent claims	1810 770 2810 385 For each additional invention to be examined (37 CFR 1.129(b))			
over original patent	1801 770 2801 385 Request for Continued Examination (RCE)			
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent	1802 900 1802 900 Request for expedited examination of a design application			
SUBTOTAL (2) (\$) <sup>(</sup>	Other fee (specify)			
**or number previously paid, if greater; For Reissues, see above **Reduced by Basic Filing Fee Paid **SUBTOTAL (3) (\$)				
SUBMITTED BY (Complete (if applicable))				
Name (Print/Type) Vladimir Subach	Registration No. (Attorney/Agent) Telephone 781-860-9192			
Signature	(Attorney/Agent)	2/1		

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